

Entered - 08/01/00 - sb
CL - 00L0461

CLAIM OF: Gary & Mary Anne McGhee
1034 Ira Street SW
Atlanta, Georgia 30310

00- *R*-1601

For property damages alleged to have been sustained as a result of
a sewer back up on May 7, 2000 at 1034 Ira Street, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: *RR Newell*
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0461

Date: September 26, 2000

Claimant /Victim GARY & MARY ANNE MCGHEE

BY: (Atty) (Ins. Co.) _____

Address: 1034 Ira Street, SW, Atlanta, Georgia 30310

Subrogation: _____ Claim for Property damage \$ 2,500.00 Bodily Injury \$ _____

Date of Notice: 7/19/00 Method: Written, Proper X Improper _____

Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X

Date of Occurrence 5/7/00 Place: 1034 Ira Street, SW

Department PUBLIC WORKS Division Sewer Operations

Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimants allege that their home sustained damages from a sewer back up. However, the claimants erred in providing the actual date of the event. An investigation determined that the City was never notified of a problem at this location, nor was there a record of any mainline sewer work done at or near claimants' residence on or about May, 7, 2000.

INVESTIGATION:

Statements: City employee _____ Claimant X Others _____ Written _____ Oral X

Pictures _____ Diagrams _____ Reports: Police _____ Dept Report X Other X

Traffic citations issued: City Driver _____ Claimant Driver _____

Citation disposition: City Driver _____ Claimant Driver _____

BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____


Improper Notice _____ More than Six Months X Other _____ Damages reasonable _____

City not involved _____ Offer rejected _____ Compromise settlement _____

Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____

Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned _____

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____

Claims Manager:  Concur/date 09 28 00

Committee Action: _____ Council Action _____

BURNS
07/19/00

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK

City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 06-22-00

ENTERED - 8-1-00 - SB
00L0461 - GWEN BURNS

Dear Municipal Clerk:

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ 2,500 dollars property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: May-7-00 2. Time of Incident: 8:00 PM 3. Police called: NO
(month/day/year) until Yes No

FROM 97-00
THAT (WE CURS) THE BASEMENT AS BEEN FLOODED.

4. Location of incident (including street address): 1034 Ira St SW Atlanta GA 30310

5. Name of your insurance company: WE DON'T HAVE INSURANCE Policy No. _____

6. State what and how incident occurred: WE CAME HOME FROM WORK, AND THE
BASEMENT WAS FLOODED, WE LOST, 4 DAD STOLIS - A SVC ENTER
RETAINMENT SYSTEM, SONY STERO SYSTEM, WEED EATER, 2 LAWN
MOWERS, AND (3) LADDERS (1) 150 FOOT LADDER, ONE GAS GRILL,
BISSLE POWER STEAMER, AND A NEW HOT WATER TANK.

7. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

8. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(Make) (Year) (Tag Number) (Driver's Name)

City vehicle: _____
(Make) (City Driver's Name) (Department/Bureau)

9. Witness: _____
(Name) (Address) (Telephone Number)

10. The acknowledgment of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

11. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Mary Anne McGhee
Signature of Claimant

Mary Anne McGhee
(Print Claimant's Name)

1034 Ira St SW
(Address)

Atlanta, GA 30310
(City, State and Zip Code)

00- -1601

(404) 254-3286
(Work Number) (Home Number)